

NON-RESIDENT AMENDED
DELAWARE PERSONAL INCOME TAX RETURN

LAST NAME AS SHOWN ON RETURN	YOUR FIRST NAME AND MIDDLE INITIAL	YOUR SOCIAL SECURITY NUMBER
LAST NAME OF SPOUSE AS SHOWN ON RETURN	SPOUSE'S FIRST NAME AND MIDDLE INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
PRESENT HOME ADDRESS (STREET, CITY, STATE, ZIP)		
FILING STATUS: 1. <input type="checkbox"/> SINGLE 3. <input type="checkbox"/> MARRIED FILING SEPARATE (SEPARATE FORMS) (CHECK ONE) 2. <input type="checkbox"/> JOINT 5. <input type="checkbox"/> HEAD OF HOUSEHOLD		CHECK IF YOU ARE A FULL-YEAR NON-RESIDENT <input type="checkbox"/> (PART-YEAR RESIDENTS DO NOT CHECK BOX)
DATES RESIDED IN DELAWARE (PART-YEAR RESIDENTS ONLY): FROM ____/____/99 TO ____/____/99		

		CORRECTED AMOUNTS										
1. DELAWARE ADJUSTED GROSS INCOME.....		00	1.									
2. DEDUCTION - CHECK HERE <input type="checkbox"/> a. STANDARD..... <input type="checkbox"/> b. ITEMIZED.....		00	2.									
3. ADDITIONAL STANDARD DEDUCTION - CHECK IF: <input type="checkbox"/> SPOUSE WAS 65 OR OVER <input type="checkbox"/> BLIND <input type="checkbox"/> YOU WERE 65 OR OVER <input type="checkbox"/> BLIND												
(COMPLETE WORKSHEET ON BACK AND ENTER TOTAL HERE).....		00	3.									
4. TOTAL - ADD LINES 2 AND 3.....		00	4.									
5. NET TAXABLE INCOME - SUBTRACT LINE 4 FROM LINE 1 (COMPUTE TAX ON THIS AMOUNT).....		00	5.									
6. TAX LIABILITY COMPUTATION: MODIFIED SOURCED INCOME..... <table border="1" style="display:inline-table"><tr><td>00</td></tr></table> DELAWARE ADJUSTED GROSS INCOME..... <table border="1" style="display:inline-table"><tr><td>00</td></tr></table> = <table border="1" style="display:inline-table"><tr><td>.</td><td></td><td></td><td></td><td></td><td></td></tr></table> X <table border="1" style="display:inline-table"><tr><td>00</td></tr></table>	00	00	.						00		00	6.
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[PERSONAL CREDITS (SEE INSTRUCTIONS)]												
7a. ENTER NUMBER OF EXEMPTIONS CLAIMED ON FEDERAL RETURN _____ X \$100. (MULTIPLY BY \$100.) = _____ MULTIPLY THIS AMOUNT BY THE PRORATION DECIMAL ON LINE 6 (X _____) AND ENTER TOTAL HERE.....		00	7a.									
7b. CHECK BOX(ES) <input type="checkbox"/> SPOUSE 60 OR OVER <input type="checkbox"/> SELF 60 OR OVER ENTER NUMBER OF BOXES CHECKED ON LINE 7b _____ X \$100. (MULTIPLY BY \$100.) _____ MULTIPLY THIS AMOUNT BY THE PRORATION DECIMAL ON LINE 6 (X _____) AND ENTER TOTAL HERE.....		00	7b.									
8. TAX IMPOSED BY STATE OF _____ (PART-YEAR RESIDENTS ONLY).....		00	8.									
9. OTHER NONREFUNDABLE CREDITS.....		00	9.									
10. TOTAL NONREFUNDABLE CREDIT (ADD LINES 7a, 7b, 8 AND 9).....		00	10.									
11. BALANCE (SUBTRACT LINE 10 FROM LINE 6. CANNOT BE LESS THAN ZERO).....		00	11.									
12. DELAWARE TAX WITHHELD (W-2's REQUIRED).....		00	12.									
13. ESTIMATED TAX PAID AND PAYMENTS WITH EXTENSIONS.....		00	13.									
14. S CORPORATION PAYMENTS.....		00	14.									
15. AMOUNT PAID WITH ORIGINAL RETURN.....		00	15.									
16. TOTAL REFUNDABLE CREDITS (ADD LINES 12, 13, 14, AND 15).....		00	16.									
17. REFUND IF ANY AS SHOWN ON ORIGINAL RETURN.....		00	17.									
18. ESTIMATED TAX CARRYOVER AND/OR SPECIAL FUNDS CONTRIBUTION AS SHOWN ON ORIGINAL RETURN.....		00	18.									
19. SUBTRACT LINES 17 AND 18 FROM LINE 16.....		00	19.									
20. IF LINE 11 IS GREATER THAN LINE 19, SUBTRACT 19 FROM 11 AND ENTER HERE..... BALANCE DUE >		00	20.									
21. IF LINE 19 IS GREATER THAN LINE 11, SUBTRACT 11 FROM 19 AND ENTER HERE..... OVERPAYMENT >		00	21.									
22. IF THERE IS A BALANCE DUE, FIGURE INTEREST AT 1% PER MONTH.....		00	22.									
23. TOTAL TAX AND INTEREST DUE (ADD LINES 20 AND 22 AND ENTER HERE)..... PAY IN FULL >		00	23.									
24. IF THERE IS AN OVERPAYMENT, DETERMINE AMOUNT YOU WISH TO BE CREDITED TO 2000 ESTIMATED TAX ACCOUNT.....		00	24.									
25. REFUND TO BE RECEIVED (SUBTRACT LINE 24 FROM LINE 21)..... NET REFUND >		00	25.									

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND BELIEVE THAT IT IS TRUE, CORRECT, AND COMPLETE.

YOUR SIGNATURE _____	DATE _____
SPOUSE'S SIGNATURE (IF FILING JOINT) _____	DATE _____
HOME PHONE _____	BUSINESS PHONE _____

SIGNATURE OF PAID PREPARER _____	DATE _____
EMP ID OR SOC SEC NO. _____	BUSINESS PHONE _____
ADDRESS - ZIP CODE _____	

MAKE CHECK PAYABLE AND MAIL TO: DIVISION OF REVENUE, P.O. BOX 8752, WILMINGTON, DELAWARE 19899-8752

NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMSIS AN AMENDED FEDERAL RETURN BEING FILED?..... ☐ YES ☐ NOHAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?..... ☐ YES ☐ NOIS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM?..... ☐ YES ☐ NO

A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED.

ADDITIONAL STANDARD DEDUCTION WORKSHEET

	65 OR OVER	BLIND	TOTAL NO.	TOTAL AMOUNT
1. SELF.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ X 2500 =	_____
2. SPOUSE.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ X 2500 =	_____

NOTE: IF YOU ARE FILING A COMBINED SEPARATE RETURN, ENTER THE TOTAL FOR EACH APPROPRIATE COLUMN. IF YOU ARE FILING A JOINT RETURN, ADD THE TOTAL OF LINES 1 AND 2 AND ENTER ON PAGE 1, LINE 3.

TAX RATE SCHEDULE

IF INCOME ON LINE 5 IS:		YOUR TAX IS:
AT LEAST	BUT NOT OVER	
\$ 0.	\$ 2,000.	\$ 0.
2,000.	5,000.	2.60% OF AMOUNT OVER \$2,000.
5,000.	10,000.	\$78.00 + 4.30% OF AMOUNT OVER \$5,000.
10,000.	20,000.	\$293.00 + 5.20% OF AMOUNT OVER \$10,000.
20,000.	25,000.	\$813.00 + 5.60% OF AMOUNT OVER \$20,000.
25,000.	60,000.	\$1,093.00 + 5.95% OF AMOUNT OVER \$25,000.
60,000 AND OVER		\$3,175.50 + 6.40% OF AMOUNT OVER \$60,000.

TELEPHONE AND ADDRESS INFORMATION

NEW CASTLE COUNTY

Carvel State Office Building
820 North French Street
Wilmington, DE 19801
(302) 577-8200

KENT COUNTY

Thomas Collins Building
540 South DuPont Highway
Dover, DE 19901
(302) 739-1085

SUSSEX COUNTY

422 North DuPont Highway
Suite 2
Georgetown, DE 19947
(302) 856-5358

Toll-free telephone number (Delaware only) 1-800-292-7826

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IF INCOME ON LINE 4 IS:		YOUR TAX IS:
AT LEAST	BUT NOT OVER	
\$ 0.	\$ 2,000.	\$ 0.
2,000.	5,000.	2.60% OF AMOUNT OVER \$2,000.
5,000.	10,000.	\$78.00 + 4.30% OF AMOUNT OVER \$5,000.
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